## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010401

Entity Name: WESTMINSTER ASBURY EAST, INC.

Current Principal Place of Business:

80 W LUCERNE CIRCLE ORLANDO, FL 32801

**Current Mailing Address:** 

80 W LUCERNE CIRCLE ORLANDO, FL 32801

FEI Number: 35-2393493 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KEITH, HENRY T 80 W LUCERNE CIRCLE ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 04, 2015

**Secretary of State** 

CC2955786078

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name PHILLIPS, MARJORIE J. Name MILTON, JOHN V

Address 80 W LUCERNE CIRCLE Address 80 W LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title SECRETARY Title DIRECTOR

NameDYE, STEPHEN RNameHILLENMEYER, JOHN WAddress80 W LUCERNE CIRCLEAddress80 W LUCERNE CIRCLECity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title CHAIRMAN/PRESIDENT Title DIRECTOR

NameBOGNER, JAMES BNameSTURM, RICHARD VAddress80 W LUCERNE CIRCLEAddress80 W LUCERNE CIRCLECity-State-Zip:ORLANDO FL 32801City-State-Zip:ORLANDO FL 32801

Title EXECUTIVE VP/ASST. SECRETARY Title SENIOR VP/TREASURER

Name STEVENS, ROGER A Name KEITH, HENRY T

Address 80 W LUCERNE CIRCLE Address 80 W LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGER A. STEVENS EXECUTIVE VP 03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BELL, WILLIAM O

Address 80 W LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801